#### Commonwealth of Pennsylvania

### CAMPAIGN FINANCE REPORT

PAGE	1	OF	
			(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	Report Filed By:	C	ANDIDATE	1.	COMMIT	TEE 2	LOSB	YIST 3.
Name of Billing Committee, Candidate or Lobbyist:	Can .	OBIE	- 1	9		1/		
Street Address: 5431 LINIAN AUB	) CATINI	136	10 19 19		15/1/10			
Rainboro	Olem qualific	Sta	PA-		Zip Code	112	Territ	
TYPE OF STATUSEDAY 1. 2ND FRILL PRIMARY PRE-PRIMARY STATUSEDAY 4. 2ND SELL	VARY	500000000000000000000000000000000000000	PRIMARY	3.	AMENDAN REPORT?	, ,	s 🔲	ND.
(place X to the right of ANNIAL 7. YEAR			ELECTION METHOD	<sup>6</sup> X	TERMINA' REPORT?	- 1		NO
report type) REPORT 2011	to the first of the property	***************	HECK ONE	***************************************	PAPE		DISKE	
County Council		0000000000	DAY Y	EAR /7	District Number	Office Code	Party Code	County Code
Summary of Receipts	YEAR	MO,	DAY Y	EAR		JR OFFIC	E USE O	NEW CONTRACTOR OF THE PARTY OF
and Expenditures from:	2017 TO	<u> </u>	27 20	17		$\Box$	2017 h	
A Amount Brought Forward From Last Report	\$	277	3.70	0	diensi. 14	400.00	10y	
B. Total Monetary Contributions and Receipts (From Sc		20	0.0	0		00	200	
C. Total Funds Available (Sum of Lines A and B)		297	3.7	0,		32	- O	
D. Total Expenditures (From Schedule III)	\$	175	5.6	4.		25	155 · >	A PAL
E. Ending Cash Balance (Subtract Line D from Line C)	\$	121	8.0	6		3	言文	) .
F. Value of In-Kind Contributions Received (From Sch	edule II) \$			hoyint i		274	C)	1247
G. Unpaid Debts and Obligations (From Schedule IV)	ş	CONTRACTOR DE LA COMP			Harris II		in Gif ne	201177
PART I — If this is a Committee report, pressurar sig	AFFIDAVIT	CONTRACTOR OF THE PARTY OF THE		and c	ondidate e	an tara		(Sept. 1887)
I swear (or affirm) that this report, including the attached sch correct and complete.			The second second	HITCHIEF PROPERTY.	he best of	my knowl		elief true, - Notary Seal
Sworn to and subscribed before me this	20 17 7	1/	38B	De	LIN My Co	IDA S. McCA Erle mmission E	NBE, Notary County Expires April	Public 24, 2021
Sum & mc Cake	}	<u>_</u>	Sign All	nature o	Person Se VAPU Printed Nam	2	Number 127	75541
	031		Area Code	inus s Mostr	40	40-	P 2 ( 2	nber
PART II - If this is a report of a Candidate's Autho	rized Commit	tae care	idate shall	sido ha				
I swear (or affirm) that to the best of my knowledge and bel (P.L. 1333, No. 320) as amended.					***********	ns of the	Act of June	3, 1937
. Sworn to and subscribed before me this	WI 10 10 10	0	/	7/	7	. /		
21 day of Number	20	11	my	- 0	Anniature of Car	ndidate	u	
Signature H 24 2	621		4RY J	Commor	Printed National	ne Pennsylvan	la : Notary !	Seal ·
My commission expires 7 77 7. MO. DAY YR.	)	_8_	Area Code	83) TELL 7(1)	INDA S. BICO	garamata garamata	ephone Nun	nber
	Author Strategy and Author Strategy	the second second	THE RESERVE OF THE PARTY OF THE		commission Commission		ni 24, 2021 2755 <i>a</i> 1	TO THE PERSON NAMED IN

### SCHEDULE I

PAGE 2 OF \_\_\_\_\_

## CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Charles and the Control of the Contr	Second very	IL MAN CONTRACTOR AND A SECOND
	Reporting P From		
		ANSISSES	To
1. UNITEMIZED CONTRIBUTIONS		S X S S S S S S S S S S S S S S S S S S	725-8M20-8-2H (2017)
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS		TRIB	UTOR
TOTAL for the Reporting Period	1 (1	\$	
BANKAN SALINA SA	用。2015年2月1日(1915年)。 <b>2</b> 2	Colore I de d	ATTENDED TO STATE OF THE STATE
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)		10.10
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		+	
TOTAL for the Reporting Period		\$	200.00
To the neporting Period	(2)	\$	200.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		Victorial de	
Contributions Received from Political Committees (Part C)			
		\$	
All Other Contributions (Part D)		\$	
TOTAL for the Reporting Period	(3)	\$	
	CONTRACTOR OF CHICA	Nether Wo	THE STANDARD STREET, STANDARD STANDARD STREET, STANDARD STANDARD STREET, STANDARD S
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHI	CKS FT	(ED	OM BART of
TOTAL for the Reporting Period	(4)	\$	ON FARIE
	Degrada Marko Antonio	e de la composition della comp	
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING	Kromine provinces	antero que	Considerate the constant standards.
Boxes 1, 2, 3 and 4: also enter this arount totals from		\$	
Cover Page, Item B.)		Ψ.	200.00

PAGE	OF

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate			11.	60a800 6446	F	Reporting	Period		
Priends of Man	4 9	0	Am	PBG	,_	From _			То
		The same	orestination services	978-395-02-H039Code	despirations.	DATE	ma (Aurice) and a		AMOUNT
Full Name of Contributor Shields	NAME OF TAXABLE PARTY.	in the same		(Parasta Geyarda)	мо. /()	3/	YEAR / / /	\$	100.00
Mailing Address 725 Village Drive					MO.	DAY	YEAR	\$	
City Pah	State		Zip Code (   523 -	Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributor Kathleen Nallo	Porting Place	e constitution de la constitutio		(Day E ***) 中,	MO	DAY	YEAR	\$	100.00
Mailing Address LINDA Lane					MO.	DAY	YEAR	\$	
SINKING Springs	State		Zip Code (i	Plus . 4) —	MO.	DAY	YEAR	\$	
Full Name of Contributor	in the second	To Brown St.	Service Court of	es de de la company	MO.	DAY	YEAR	\$	
Mailing Address					MO	DAY	PASY	\$	
City	State		Zip Code (i	Plus 4) -	MO.	DAY	YEAR	\$	
Full Name of Contributor	Wall of the State	2000	economic de la constanta de la	ASSESSED AND AND AND AND AND AND AND AND AND AN	MO.	DAY	YEAR	\$	ARROCKUM MATERIA MATERIALES (AN ESCALA LA MATERIA).
Mailing Address					MO.	DAY	YEAR	\$	
City	State		Zip Code (F	Plus 4) -	MO.	DAY	YEAR	\$	
Full Name of Contributor				CET OF BUSYAGES	MO.	DAY	YEAR	\$	Commonweal Control of the Printer of the Control of
Mailing Address					MO.	DAY	YEAR	\$	
City	State		Zip Code (F	²lus 4) -	MO.	DAY	YEAR	\$	ř.
Full Name of Contributor		Malones		***************************************	MO.	DAY	YEAR	\$	* 1390/#1306-000/2019-1-100/201-1-100/201
Mailing Address					MO.	DAY	YEAR	\$	
City	State		Zip Code (P	'lus 4) -	MQ.	DAY	YEAR	\$	
Full Name of Contributor				A CONTRACTOR OF THE	MQ.	DAY	YEAR	\$	ACCIDENTAL CONTROL PROVIDE PARTY (LA PARTY PARTY)
Mailing Address					MO.	DAY	YEAR	\$	
City	State		Zip Code (P –	'lus 4) -	MO.	DAY	YEAR	\$	
Full Name of Contributor					MG.	DAY	YEAR	\$	TEN TEN ESCALATION STATES AND
Mailing Address .					MO.	DAY	YEAR	\$	
City	State		Zip Code (P	lus 4) -	MO.	ĐẠY	YEAR	\$	
Enter Grand Total of Part B on Sched	ule I,	Det	tailed S	ummary	Page,	Section	1 2.	2000	2 00. 00

DSEB-502 (7-99)

PAGEOF	
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#### PART C

## CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

	I REDOLLING PERIOD
Name of Filing Committee or Candidate	Reporting Period From To
Contractive for the second from the contractive field of the second from the s	DATE AMOUNT
Full Name of Contributing Committee	MO DAY YEAR \$
Mailing Address	MO. DAY YEAR \$
City State Zip Code (Plus 4)	MG, DAY YEAR \$
Full Name of Contributing Committee	MO DAY YEAR
Mailing Address	MO DAY YEAR
City   State   Zip Code (Plus 4)	\$
-	MO, CAY YEAR \$
Full Name of Contributing Committee	MO. DAY YEAR \$
Mailing Address	MG, DAY YEAR \$
City State Zip Code (Plus 4)	MO. DAY YEAR \$
Full Name of Contributing Committee	MO. DAY YEAR
Mailing Address	MIO. DAY YEAR
City   State   Zip Code (Plus 4)	\$
	MO DAY YEAR \$
full Name of Contributing Committee	MO: DAY YEAR \$
Mailing Address	MO. DAY YEAR \$
State Zip Code (Plus 4)	MO. DAY YEAR \$
ull Name of Contributing Committee	MO. DAY YEAR
Mailing Address	MO DAY YEAR
ity   State   Zip Code (Plus 4)	\$
	MO. DAY YEAR \$
ull Name of Contributing Committee	MO. DAY YEAR \$
lailing Address	MO. DAY YEAR \$
ity State Zip Code (Plus 4)	MO DAY YEAR \$
III Name of Contributing Committee	MO. DAY YEAR
ailing Address	MO DAY YEAR
ty State Zip Code (Plus 4)	\$
TO THE DESIGNATION OF THE PROPERTY OF THE PROP	MO DAY YEAR \$
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nter Grand Total of Part C on Schedule I, Detailed Summary	y Page, Section 3. \$

### SCHEDULE I

PAGE 2 OF \_\_\_\_\_

### CONTRIBUTIONS AND RECEIPTS

### **Detailed Summary Page**

Name of Filing Committee or Candidate	Reporting Peri	od To
	Prom	10
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	S PER CONT	RIBUTOR
TOTAL for the Reporting Perio	d (1)	\$
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	В)	
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Perio	d (2)	\$
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Perio	d (3)	\$
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED O	HECKS, ETC	(FROM PART E)
TOTAL for the Reporting Perio	d (4)	\$
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)		\$

PAGE	OF

#### PART A

### CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate	at spinister			Reporting	Period	
				From		То
	e enstatum e		REPORTED TO	DATE	material environmen	AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		2	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	ESTE ENTE		MD	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	e constanting	ALC: NO TO STATE MATERIAL PROPERTY AND A STATE OF THE STA	MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	M:O.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	2		MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee		MIQ.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	\$
Full Name of Contributing Committee			MO	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY		\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		DAY		\$		
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)  —	MO.	DAY	YEAR	\$
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						PAGE TOTAL

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FAGE	Or

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	Reporting Period	
	From	To
	DATE	AMOUNT
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO, DAY YEAR	\$
City State Zip Code (Plus. 4)	MO. DAY YEAR	\$
Full Name of Contributor	MG. DAY YEAR	\$
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO: DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO, DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City   State   Zip Code (Plus 4)   -	MO DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MQ, DAY YEAR	\$
Full Name of Contributor	MQ. DAY YEAR	\$
Mailing Address	MG. DAY YEAR	\$
City State Zip Code (Plus 4)	MG DAY YEAR	\$
Full Name of Contributor	MG. DAY YEAR	\$
Mailing Address	MG. DAY YEAR	\$
State   Zip Code (Plus 4)	MO. DAY YEAR	\$
and Total of Part B on Schedule I, Detailed Summary	Page, Section 2.	PAGE TOTAL \$

PAGE	OF

#### PART C

### CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

**OVER \$250.00** 

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Traine of Timing Committee of Canadate				8 8	From		То
ocerania e romania menastrata de viva e de los describiros de los delegos de los delos d			THE REPORT	SAME	DATE	SECRETARIA	AMOUNT
Full Name of Contributing Committee	20±1×3J(WH	•	MO:		DAY	YEAR	\$
Mailing Address			MO.		ĐAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO		DAY	PABY	\$
Full Name of Contributing Committee			MO.		DAY	YEAR	\$
Mailing Address			MO.			YEAR	\$
City	State	Zip Code (Plus 4) —	MO.		DAY	YEAR	\$
Full Name of Contributing Committee					DAY	YEAR	\$
Mailing Address					DAY	F	\$
City	State	Zip Code (Plus 4) —	MO.		aci meniorati	YEAR	\$
Full Name of Contributing Committee			1.		DAY		\$
Mailing Address			MO.			YEAR	\$
City	State	Zip Code (Plus 4) —	MO.		DAY	YEAR	\$
Full Name of Contributing Committee			MO.		DAY	PAR	\$
Mailing Address						YEAR	\$
City	State	Zip Code (Plus 4) —	MO.		DAY	YEAR	\$
Full Name of Contributing Committee			MO.		DAY	YEAR	\$
Mailing Address			MO		DAY	HABY	\$
City	State	Zip Code (Plus 4) —	MO		DAY	YEAR	\$
Full Name of Contributing Committee			Mo.		DAY	YEAR	\$
Mailing Address			MO.		DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO		DAY	_YEAR_	\$
Full Name of Contributing Committee			M(0)		DAY	YEAR	\$
Mailing Address			MO		DAY	YEAR	\$
ν	State	Zip Code (Plus 4) —	MG		DAY	YEAR	\$
CONTRACTOR AND THE PLANT OF THE PARTY OF THE	30-15-14-1-23			200 200		anna prejedice di	PAGE TOTAL
and Total of Part C on Sche	dule l	, Detailed Summary	/ Pag	e,	Section	n 3.	\$

## ALL OTHER CONTRIBUTIONS

OF

\$

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	40-12-14-20.		F	Reporting Pe	eriod	
		2		From	· ·	То
				DATE	CHARLES CO.	AMOUNT
Full Name of Contributor	replacement (C. NO)		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR.	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name				ion	•	
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor	artini di Salahi		MO.			\$
Mailing Address			MO.		YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor		Contract Con		DAY		\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Business						*
Full Name of Contributor	are or all the			DAY		\$
Mailing Address			MO.			\$
City	State	Zip Code (Plus 4) —	MQ.	DAY	YEAR	\$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		0				
Full Name of Contributor	a Salada II III	el ment ment mentre en	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	\$
Employer Name			Occupa	tion		
nployer Mailing Address/Principal Place of Business						
	Ser. Albaha		OKA SANJANA		A SON DATE OF THE SE	PAGE TOTAL

Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

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## PART E OTHER RECEIPTS

### REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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NAME OF THE PARTY
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#### SCHEDULE II

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## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

#### **Detailed Summary Page**

Name of Filing Committee or Candidate	Reporting Peri	od
	From	То
	er are rather to have been been to the beat	BULLET WEST OF THE STATE OF THE
		CONTRIBUTOR
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OH L	ESS PER CONTRIBUTOR
TOTAL for the Reporting Perio	od (1)	\$
	STATES INC. CONCESSOR VIEW	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FRON	1 PART F)
	6428	
TOTAL for the Reporting Period	od (2)	\$
Republic of the contract of th		
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	OM PART G	i)
TOTAL for the Reporting Period	od (3)	\$
		THE CONTRACTOR OF THE PROPERTY
	newski ne metrzen be	eraline interest in the latter at the extreme terms of the extreme terms
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS		\$
REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3: also enter on Page 1, Report Cover Page, Item F.)		

AGE	OF	

### SCHEDULE II PART F

### IN-KIND CONTRIBUTIONS RECEIVED

#### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting		To
		Company of Services Service in Section 1885.	ANTHEO HARM	SOCIETATION AND ADDRESS.	MARKE AND LOS	To
	Na REINESSE			DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MQ.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor	- TOWNER STORE	CONTRACTOR SERVICES	MO	DAY	YEAR	\$
Mailing Address			MG.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MG.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor	// Assessment		MO.	D/AY	PABY	\$
Mailing Address			MO	DAY	YEAR	\$
City .	State	Zip Code (Plus 4) —	MO	DAY	YEAR	\$
Description of Contribution:			**			
Full Name of Contributor	estori esta	ed autocoed and Maren Same place to the first	MO	DAY	YEAR	\$
Mailing Address			M.O.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor	Magazini (Seet)		MO	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	\$
Description of Contribution:				100		
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	\$
Description of Contribution:						
		I In Vind Contailing		D-4-!!!	daniel de la company	PAGE TOTAL
Enter Grand Total of Part F on School Summary Page, Section 2.	uie II	i, in-Kina Contribut	nons	Detalled		\$

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# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reportin	g Period			
				From		To		
			Particular de la constanta de	DATE		AMOUNT		
Full Name of Contributor	codes de codució		МО	DAY	YEAR	\$		
Mailing Address		<del></del>	Мо	DAY	YEAR	\$		
City	State	Zip Code (Plus 4	MO	DAY	YEAR	\$		
Employer of Contributor		1	Occup	Occupation				
Employer Mailing Address/Principal Place of Business		· · · · · · · · · · · · · · · · · · ·	Descr	iption of C	ontribution			
Full Name of Contributor	nesselling		MO	DAY	YEAR	\$		
Mailing Address			MO	DAY	YEAR	\$		
City	State	Zip Code (Plus 4	MO	. DAY	YEAR	\$		
Employer of Contributor			Occup	pation				
Employer Mailing Address/Principal Place of Business			Descr	iption of C	ontribution			
Full Name of Contributor			MO	. DAY	YEAR	\$		
Mailing Address			MO	DAY	YEAR	\$		
City	State	Zip Code (Plus 4	) MO	. DAY	YEAR	\$		
Employer of Contributor				Occupation				
Employer Mailing Address/Principal Place of Business		4	Descr	iption of C	ontribution			
Full Name of Contributor			Мо	DAY	YEAR	\$		
Mailing Address				, DAY	YEAR	\$		
City	State	Zip Code (Plus 4		. DAY	HABY	\$		
Employer of Contributor			Occup	Occupation				
Employer Mailing Address/Principal Place of Business			Descr	iption of C	ontribution			
Full Name of Contributor			мо	DAY	YEAR	\$		
Mailing Address			MO	DAY	YEAR	\$		
City	State	Zip Code (Plus 4	) Mo	, DAY	YEAR	\$		
Employer of Contributor			Occup	pation				
Employer Mailing Address/Principal Place of Business			Desci	iption of C	ontribution			
Enter Grand Total of Part G on Scheel Summary Page, Section 3.	dule l	II, In-Kind Cont	ibutions	Detaile	d	PAGE TOTAL		

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## SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			THE TOP ELSE	Reporting Peri	od
				From	То
	VOTRIES	GYAND PROMISE MORE SERVICE	SHACKET (SC	out the first version come	CHAPTER AND SOME COMPANY OF THE STATE OF
To Whom Paid	(SVD.Vales)	TO THE WOOD OF STREET OF STREET			Aff. Amount
			MU	DAY YE	\$
Mailing Address			Descri	ption of Expenditu	
City					
City	State	Zip Code (Plus 4)			
	organica de	- Marian de Cara de Ca			
To Whom Paid			MO.	DAY YE	
Mailing Address					L\$
			Descrip	otion of Expenditu	ire
City	State	Zip Code (Plus 4)	$\vdash$		
		-	1		
To Whom Paid		And the second second second	MO	DAY YE	Amount
·					\$
Mailing Address			Descrip	tion of Expenditu	
City					
	State	Zip Code (Plus 4)			
To Whom Paid		er and the second second and the		NATURAL PROPERTY AND ADDRESS OF	
TO WHOM Fail			MO	DAY YEA	
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nter Grand Total of Expenditures on Pag	o 1 D	Report Cover Be	ao 14	om D	PAGE TOTAL
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					white consideration to the contract of the con

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## STATEMENT OF UNPAID DEBTS

Use this Secton to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate			Reporting	Period	AND A CONTRACT OF THE PARTY OF
	(A)		From _		То
Name of Creditor					
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